

MICHIGAN TOBACCO QUITLINE

FAX REFERRAL FORM

****PROVIDER FAXES THIS COPY TO QUITLINE (877) 747-9528****

1. Print Patient Name _____

2. Today's Date _____

3. DOB ____/____/____ 4. Pregnant Yes ___ No ___ 5. Disabled Yes ___ No ___

6. Language Spoken (if other than English) _____

7. Provider _____

8. Clinic Name and Department _____

9. Address, City and Zip _____

10. Phone (____) _____ - _____ Fax (____) _____ - _____

Patient Initials

I give my permission to my health care provider to fax this information. I understand that a Quitline Counselor will call me. I understand this is a free service.

Patient Signature _____ Today's Date _____

Patient Address Street _____

City _____, MI ZIP _____

Phone (____) _____ - _____ Alternate Phone (____) _____ - _____

The Quitline will call you. Please check the best times for the Quitline to reach you.

Morning Afternoon Evening Weekend

If you are unavailable when we call you, may we leave a message, identifying ourselves as the Tobacco Quitline? ____Y ____N

Michigan Tobacco Quitline 1-800-480-QUIT (7848)

Please give patient a PATIENT copy before faxing to the Michigan Tobacco Quitline (877) 747-9528

The Michigan Tobacco Quitline Fax Referral Program

The Michigan Tobacco Quitline service is designed to help all tobacco users quit. One special feature is a **Fax Referral Program**, which is designed to help tobacco users who have indicated that they are ready to quit in the next 30 days.

The Quitline is funded through the Michigan Department of Community Health and is operated by the American Cancer Society, a leader in telephonic tobacco cessation counseling with over ten years of experience in the field.

Your professional advice can motivate them to quit.

The Michigan Quitline is:

- Supported by the Michigan Department of Community Health with funding from the Centers for Disease Control and the Healthy Michigan Fund.
- Staffed by professionally trained smoking cessation Quit Coaches.
- **FREE** to you and your patients.
- Designed so **you do not need to invest a lot of time in the process.**
- Able to triage callers, who may have a quitline service through their insurance provider, to the most appropriate resource.

All you and your medical staff need to do to refer a patient to the Michigan Quitline is fill out a **Fax Referral Form** after confirming that the patient is willing to quit in 30 days. Patients must initial the consent box giving permission to make the referral. Once we have received your fax with the patient initials and signatures our Quit Coaches will take it from there.

The Michigan Quitline offers:

- A fax referral service that makes it easier to enroll qualified patients.
- Proactive Quit Coaches who initiate a series of calls to patients who are ready to quit.
- A full package of patient education materials, including specialized materials for pregnancy, teens and Spanish-speaking patients.
- Up to eight weeks of free patches for uninsured patients.
- Reduced cost patches, gum or lozenges for callers who qualify.
- Feedback to referring physicians on patient progress.

How to implement the Quitline Fax Referral Program

Using the referral program is simple. Just follow these steps:

Ask (Is your patient/client a tobacco user?)

Advise (Give brief advice to quit)

Assess (Is the tobacco user willing to make a quit attempt within 30 days?)

Assist (Refer them to Michigan Quitline. Fill out the fax referral form. Have the patient sign and initial the form. Make a copy of the completed form for your patient. Fax form to the quitline at **(877) 747-9528.**)

Arrange (Follow-up: The Quitline will call the patient to begin counseling. You can address quit attempt at next visit)